

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lefebvre et al.

Confirmation No.: 3723

Application No.: 10/771,570

Group No.: 3696

Filed: February 4, 2004

Examiner: Gerald C. Vizvary

For: SYSTEM AND METHOD FOR ASSIGNING CREDIT TO PROCESS INPUTS

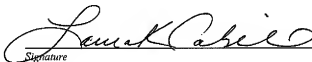
CERTIFICATE OF EFS SUBMISSION (37 C.F.R. § 1.8(a)(i)(1)(C))

I hereby certify that on December 11, 2009 the following correspondence:

Name of Paper: Response to Office Action

Number of Pages: 15

is being submitted to the Patent and Trademark Office via the Office Electronic Filing System in accordance with § 1.6(a)(4).


Signature

Telephone Number: 440-684-1090

Laura K. Cahill

Type or print name of person certifying

***NOTE:** It is advisable to keep a copy of certification of EFS-Web transmission § 1.8), including the list of papers submitted, to establish the local time of the submissions if such evidence is needed*

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Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is a small entity. A statement is no longer required.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY			
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE		
TOTAL	27	— 27	= 0	x \$ 26.00	= \$	0.00	
INDEP.	2	— 5	= 0	x \$ 110.00	= \$	0.00	
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$ 0.00	= \$	0.00	
				TOTAL ADDIT. FEE	\$	0.00	

No additional fee for claims is required.

FEE DEFICIENCY

5. If an additional extension and/or fee is required, charge Account No. 50-0537.

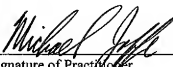
If an additional fee for claims is required, charge Account No. 50-0537.

Date: **December 11, 2009**

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Signature of Practitioner
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